[Page 1 of 2]

5. Information Disclosure Statement (IDS) is enclosed

a. PTO-1449

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Please type a plus sign (+) inside box

Approved for e through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 16(c))	* - 20* =	*	x \$18 =	\$	
	INDEPENDENT CLAIMS (37 CFR 1 16(B))	* - 3** =	*	x 84=		
	MULTIPLE DEPENDEN					
		\$ 740.00				
	Reduction by 50% for f					
6. Small	** Reissue independent c	ss of 20 and over original pa laims over original patent. It claims small entity s authorized to credit	status See 37 CFR 1	TOTAL = .27. ge the following	\$ 740.00 g fees to	
7. The C Depo a.	entity status: Applicant commissioner is hereby sit Account No. 19-451. Fees required under a Fees required under a check in the amount of ayment by credit card. pplicant requests suspinot to exceed 3 months New Attorney Docket No (Prior application Attorney D	nt claims small entity stantification and the fee under 3 under the fee under 3 under the fee under 3 under, if desired et Number, if desired et Number will carryover to this et authorization (Should be specifically card (Should be specifically card in the fee under 3 under the fee under the fee under the fee under 3 under the fee u	status. See 37 CFR 1 poverpayments or char I filing). processing). ssue). It is a first trached. If a first trached. The second of the second	.27. ge the following a period of sed.	g fees to months	
7. The C Depo a.	entity status: Applicant commissioner is hereby sit Account No. 19-451. Fees required under a Fees required under a check in the amount of ayment by credit card. pplicant requests suspend to exceed 3 months New Attorney Docket No. 19 Peccint For Facsimile.	nt claims small entity stantification and the fee under 3 under the fee under 3 under the fee under 3 under, if desired et Number, if desired et Number will carryover to this et authorization (Should be specifically card (Should be specifically card in the fee under 3 under the fee under the fee under the fee under 3 under the fee u	status. See 37 CFR 1 poverpayments or char I filing). processing). ssue). It is a first trached. If a first trached. The second of the second	.27. ge the following a period of sed.	g fees to months	

10. NEW CORRESPONDENCE ADDRESS									
⊠ Custome	er Number or Bar Code Label		24126 o or Attach bar code label here)	and ⊠ New co	rrespondence address below				
Name	Wesley W. Whitmyer, St.Onge Steward Jo		Reens LLC						
Address	986 Bedford Street								
City	Stamford	State	Connecticut	Zip Code	06905-5619				
Country	United States	Telephone	203 324-6155	Fax	203 327-1096				

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Name	Davja Chen						
Signature	Derch						
Registration No. (Attorney/Agent)	46,613						
Date	December 3, 2002						

Approve use through 10/31/2002. OMB 0651-0032
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Under the Paperwork Reduction Act of 1999		Complete if Known				
FEE TRANSMI	ΤΤΔΙ	Application No. 09/403,072				
FLE MANOW		Filing Date	January 19, 2000			
ec 0 3 2007 for FY 200	1	First Named Inventor	Ronny Knepple, et al.			
for FY 200		Examiner Name	Diane I. Lee			
Patent fees are subject to annual re	evision	Group Art Unit	2876			
TOTAL AMOUNT OF PAYMENT	(\$) 740.00	Attorney Docket Number	03143-P0082A WWW/DC			

TOTAL AMOUNT OF PAYMENT (\$) 740.00							Attorney Docket Nulliber 03143-F 0002A WWWV7D0					
METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge				3. ADI	OITION	AL FEE	s				` ,	
indicated	indicated fees and credit any over payment to: Deposit Account 19-4516			Large Fee	Entity Fee	Small Fee	Entity Fee	_	on December		Fee Paid	
Account Number				Code 105	/ \$) 130	Code 205	(\$) 65	Surcharge – late filing for or oath		F		
	Deposit Account St.Onge Steward Johnston & Reens LLC				127	50	227	25	Surcharge – lat cover sheet	e provisional fil	ζ	
Name Charge Any A	Additiona	al Fee Required	i		139	130	139	130	Non-English sp	ecification		
	ims sma	Il entity status.			147	2,520	147	2,520		est for <i>ex parte</i> r		
2. Z Payment		osed:			112	920*	112	920*	Requesting pu	ublication of SI	R prior to	
Check	_	Credit Card	Money	Other	113	1,840*	113	1,840		olication of SIR	after	
	FEE	CALCUL	<u>ATION</u>		115	110	215	55	Extension for re	eply within first		
1. BASIC FILING	G FEE				116	400	216	200	Extension for re	eply within seco	nd month	
	nall E				117	920	217	460		eply within third		
Fee Fee Fe Code (\$) Co		Fee Fe (\$)	e Description	Fee Paid	118	1,440	218	720		eply within fourt		
	201	370 L	Itility filing fee	740.00	128	1,960	228	980		eply within fifth		
106 330 2	206	165 D	esign filing fee		119	320	219	160	Notice of Appe			
107 510 2	207	255 Plant filing fee		120	320	220	160	•	support of an a	ippeal		
108 740 2	208	370 Reissue filing fee 80 Provisional filing fee		121	280	221	140	Request for ora	•			
114 160 2	214			138	1,510	138	1,510		tute a public us			
SUBTOTAL (1) (\$) 740.00				140	110	240	55		/e – unavoidabl			
2. EXTRA CLAI	MS F	EES			141	1,280	241	640	Petition to revi	ve – unintentior		
		Extra Claims	Fee from Below	Fee Paid	142	1,280	242	640	Utility issue fee	,		
Total Claims	-20**	=	x =		143	460	243	230	Design issue for	ee		
Independent Claims	- 3**	=	x =		144	620		310	Plant issue fee			
Multiple Dependent			x =		122	130		130		e Commissioner		
	Larg Entity Small Entity e Fee Fee Fee Fee Description		otion	123	50		50 240		Processing fee under 37 CFR 1.17(q) Submission of Informational Disclosure			
Fee (\$) C		(\$)			126	240	126	240	Stmt			
Code	ode			581	40		40	Property (time	th patent assign s number of pro ssion after final			
	203	9 Claims in excess of 20		146	740	246	370	(37(CFR § 1.1				
	202 204	· • • • • • • • • • • • • • • • • • • •	 Independent claims in excess of 3 Multiple dependent claims, if not paid 		149	740	249	370		tional invention CFR 1.129(b))		
109 80	209	40 ** Reissue independent claims over original patent		179	740	279	370	1	ontinued Exami			
110 18	210	9 ** Reissue claims in excess of 20 and over original patent			169	900	169	900		st for expedited examination sign application		
** or number previously paid, if greater; For Reissues, see above				Other	fee (spec	ify)						
SUBTOTAL (2) (\$) 0.00				* Red	uced by f	Basic Fili	ng Fee p	aid S L	JBTOTAL (3)	(\$)	0.00	
SUBMITTED BY	<u> </u>	St Onge St	eward Johnsto	n & Reens I I	С					Comple	te (if applicable)	
SUBMITTED BY St. Onge Steward Johnston & Reens LL Name (Print Type) David Chen				-	Regis No.	tration	46,6	513	Telephone	203 324	I-6155	
Signature David Carett					110.			12/ 3	/02			

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